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Substitute for form 1449/PTO	Complete if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date		
	First Named Inventor	UTHMAN T. SHAREEF	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name		
heet 1 of 1	Attorney Docket Number	ATA509	

Examiner Initials*	Cite No. ¹	Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite Fo	e Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
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